



PTO/SB/21 (6-98)

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Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	09/846,706	
	Filing Date	04/30/2001	
	First Named Inventor	THOMAS C. KURACINA	
	Group Art Unit	UNKNOWN	
	Examiner Name	UNKNOWN	
Total Number of Pages in This Submission		Attorney Docket Number	INJEC-016CB

ENCLOSURES (check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Charge Any Additional Fee Required, to Deposit Account No. 19-4330 <input type="checkbox"/> Amendment/Response <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Supplemental Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition Routing Slip (PTO/SB/69 and Accompanying Petition) <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Small Entity Statement <input type="checkbox"/> Request for Refund	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Additional Enclosure(s) (please identify below): NOTICE TO FILE MISSING PARTS ; CHECK FOR \$65.00; CERTIFICATE OF MAILING AND RETURN RECEIPT POSTCARD.
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Firm or Individual Name	ATTENTION: MATTHEW A. NEWBOLES STETINA BRUNDA GARRED & BRUCKER		
Signature			
Date	3/22/02		

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† SEND TO: Assistant Commissioner for Patents, Washington, D.C. 20231

Case: INJEC-016CB



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant(s): Thomas C. Kuracina

Serial No.: 09/846,706

Filed: April 30, 2001

For: NEEDLE TIP GUARD FOR
HYPODERMIC NEEDLES

Art Unit: Unknown

Examiner: Unknown

4/29
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SUPPLEMENTAL
INFORMATION DISCLOSURE STATEMENT
PURSUANT TO 37 C.F.R. SECTION 1.97

Assistant Commissioner for Patents
Washington, D.C. 20231

Dear Sir/Madam:

Pursuant to 37 C.F.R. § 1.97, the following Supplemental Information Disclosure Statement is submitted as listed on form PTO/SB/08 enclosed herewith in duplicate. Copies of all supplemental disclosure documents are attached hereto for the Examiner's review.

No representation is made that the references disclosed herein legally constitute prior art, or that more relevant references are not available. The supplemental disclosure documents enclosed herewith and listed on the attached form (PTO/SB/08) are printed in the English language and/or accompanied by an Abstract published in the English language.


The references listed herein, when taken alone or in combination are not believed to disclose nor make obvious the invention as claimed in the subject application. The listed and

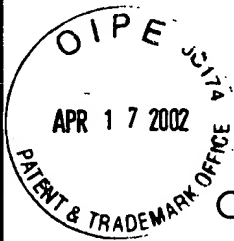
attached references were newly discovered by Applicant and are not considered pertinent prior art.

It is believed that no additional filing fee is required. However if a fee is determined to be required, please charge our Deposit Account No. 19-4330.

Respectfully submitted,

Dated: 3/22/02
Customer No. 007663

By: 
Matthew A. Newboles
Registration No. 36,224
STETINA BRUNDA GARRED & BRUCKER
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ATTORNEY DOCKET:
INJEC-016CB
Serial No. 09/846,706
Filed: APRIL 30, 2001

Certificate of Mailing under 37 CFR 1.8 or 37 CFR 1.10



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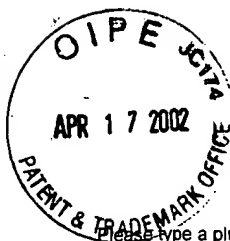

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